

Effect: October 1, 2000

09/1786045

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CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|--------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 7 | minus 20 = |
| INDEPENDENT CLAIMS | 1 | minus 3 = |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|---------------------------|------------|----------------------------|
| CLASS | REMAINING AFTER AMENDMENT | MINUS | NUMBER PREVIOUSLY PAID FOR |
| Total | 13 | minus | 20 |
| Independent | 1 | minus | 3 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|---------------------------|------------|----------------------------|
| CLASS | REMAINING AFTER AMENDMENT | MINUS | NUMBER PREVIOUSLY PAID FOR |
| Total | 10 | minus | 20 |
| Independent | 1 | minus | 3 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|---------------------------|------------|----------------------------|
| CLASS | REMAINING AFTER AMENDMENT | MINUS | NUMBER PREVIOUSLY PAID FOR |
| Total | 11 | minus | 20 |
| Independent | 2 | minus | 3 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.

Form 1000-1000

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